

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90019 018 ****70.00

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1. Entity Name
SCHOOL OF THE GOOD SAMARITAN/GSS MINISTRIES, INC.



Principal Place of Business
1491 E STATE RD, # 434
101
WINTER SPRINGS, FL 32708

Mailing Address
1491 E STATE RD, # 434
101
WINTER SPRINGS, FL 32708

40049400



03152007 Chg-NP CR2E037 (12/06)

4. FEI Number
02-0716692

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, RICK
666 PINE RIVER PLACE #203
OVIEDO, FL 32765

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

117 Jane Creek Rd.

Geneva, FL 32732

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MUTH, DAVE	
STREET ADDRESS	1937 KIMBRACE PLACE	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAZLE, PETER	
STREET ADDRESS	242 BELLEVUE	
CITY-ST-ZIP	CLAWSON, MI 48017	
TITLE	D	<input type="checkbox"/> Delete
NAME	TARRANT, SANDRA	
STREET ADDRESS	3437 DEER OAK CIRCLE	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	TARRANT, JERRY	
STREET ADDRESS	14725 NICHOLS RD	
CITY-ST-ZIP	BATH, MI 48808	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPRAGUE, KELLY	
STREET ADDRESS	4536 WHISPER WAY	
CITY-ST-ZIP	TROY, MI 48098	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, RICK	
STREET ADDRESS	1490 AVALON BLVD	
CITY-ST-ZIP	CASSELBERRY, FL 32707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra K. Tarrant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-18-07

Date

(407) 366-7837

Daytime Phone #